

# Appendix

## Development of Performance Measures for the EMSC Program

### Detail Sheet for Performance Measure #66d&e (in effect beginning Fiscal Year 2007)

**PERFORMANCE MEASURE #66d**  
(in effect beginning Fiscal Year 2007)

The percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *guidelines* that specify the following:

- Roles and responsibilities of the referring facility and referral center
- Process for requesting consultation and patient transfer
- Specific sections of the patient's medical record to be sent to the referral center
- Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
- Process for selecting the most appropriately staffed transport service to match the patient's acuity level
- Level of care to be provided to the patient during the transfer

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**GOAL**

By **2011**, **90%** of hospitals in the State/Territory will have written pediatric inter-facility transfer *guidelines* that specify the following:

- Roles and responsibilities of the referring facility and referral center
- Process for requesting consultation and patient transfer
- Specific sections of the patient's medical record to be sent to the referral center
- Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
- Process for selecting the most appropriately staffed transport service to match the patient's acuity level
- Level of care to be provided to the patient during the transfer

**MEASURE**

The percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *guidelines* that specify the following:

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- Level of care to be provided to the patient during the transfer

# Appendix

## Development of Performance Measures for the EMSC Program

### Detail Sheet for Performance Measure #66d&e (in effect beginning Fiscal Year 2007)

#### DEFINITION

#### Numerator:

The number of hospitals with emergency departments in the State/Territory (excluding the highest-level pediatric facilities in the State/Territory) that have written pediatric inter-facility transfer *guidelines* that specify the following:

- Roles and responsibilities of the referring facility and referral center
- Process for requesting consultation and patient transfer
- Specific sections of the patient's medical record to be sent to the referral center
- Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
- Process for selecting the most appropriately staffed transport service to match the patient's acuity level
- Level of care to be provided to the patient during the transfer

#### Denominator:

The total number of hospitals with emergency departments in the State/Territory (excluding the highest-level pediatric facilities in the State/Territory).

#### Definition of Terms:

##### *Hospitals*

Facilities with emergency departments that provide medical and/or surgical care and treatment for the ill and injured, excluding the highest-level pediatric facilities in the State/Territory.

##### *Pediatric*

Persons up to 18 years old.

##### *Inter-facility guidelines*

Guidelines that outline procedural and administrative policies for transferring pediatric patients to facilities that provide specialized pediatric care.

##### *Referring facility*

The hospital or center that refers a pediatric patient to another, more specialized pediatric center better able to handle pediatric patients.

##### *Referral center*

A center with specialized pediatric critical care or pediatric trauma services to which referring facilities refer patients.

#### EMSC STRATEGIC OBJECTIVE

**Related to Strategic Objective 1:** Include pediatric issues in all aspects of clinical care.

#### DATA SOURCE(S)

#### Data Sources:

- Pediatric medical and/or trauma facility recognition program
- Other accreditation or certification programs
- Surveys

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**IMPLEMENTATION PROCESS**

**Process to Collect Data For This Measure:**

A process for data collection and analysis, as well as examples of supporting documentation are provided below under each data source.

**1. Pediatric Medical and/or Trauma Facility Recognition**

**Program:** Your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program may require hospitals to have written inter-facility transfer guidelines for pediatric patients.

- If you are directly coordinating and/or implementing your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program, gather a list of all the hospitals participating in the facility recognition program. Either conduct a manual count (from hardcopies) or run a query (from a database) on the percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines for pediatric patients.
- If you are *not* directly coordinating and/or implementing your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program, contact the agency that is to 1) obtain a hardcopy list of all the hospitals participating in the facility recognition program and conduct a manual count on the percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines for pediatric patients; 2) request access to the database that houses the list of participating hospitals and run a query on the percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines for pediatric patients; or 3) ask the agency to run the query for you.
- Calculate the percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer guidelines that specify the following:
  - Roles and responsibilities of the referring facility and referral center
  - Process for requesting consultation and patient transfer
  - Specific sections of the patient's medical record to be sent to the referral center
  - Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
  - Process for selecting the most appropriately staffed transport service to match the patient's acuity level
  - Level of care to be provided to the patient during the transfer
- *Supporting documentation* for the measure must include a list of the hospitals that have written inter-facility transfer guidelines for pediatric patients. Additional *supporting documentation* for the measure may include:  
1) copies of the data queries, and/or 2) a copy of the

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facility recognition program's requirement related to inter-facility transfer guidelines for pediatric patients, and/or 3) a copy of the State/Territory's Rules and Regulations with requirements for inter-facility transfer guidelines for pediatric patients (if inter-facility transfer guidelines for pediatric patients are mandated within the State/Territory).

- 2. Other Accreditation or Certification Programs:** In addition to your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program, hospitals in your State/ Territory may participate in other accreditation or certification programs that require hospitals to have written inter-facility transfer guidelines for pediatric patients.
- Contact the agency responsible for these other accreditation and certification programs (e.g., JCAHO, State Hospital Association, ACS verification process) to 1) obtain a hardcopy list of all the hospitals participating in the accreditation or certification program and conduct a manual count on the percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines for pediatric patients; 2) request access to the database that houses the list of participating hospitals and run a query on the percentage of hospitals in the State/ Territory that have written inter-facility transfer guidelines for pediatric patients; or 3) ask the agency to run the query for you.
  - Calculate the percentage of hospitals in the State/ Territory that have written pediatric inter-facility transfer *guidelines* that specify the following:
    - Roles and responsibilities of the referring facility and referral center
    - Process for requesting consultation and patient transfer
    - Specific sections of the patient's medical record to be sent to the referral center
    - Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
    - Process for selecting the most appropriately staffed transport service to match the patient's acuity level
    - Level of care to be provided to the patient during the transfer
  - *Supporting documentation* for the measure must include a list of the hospitals that have written inter-facility transfer guidelines for pediatric patients. Additional *supporting documentation* for the measure may include: 1) copies of the data queries, and/or 2) a copy of the accreditation or certification program's requirement related to inter-facility transfer guidelines for pediatric

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patients, and/or 3) a copy of the State/Territory's Rules and Regulations with requirements for inter-facility transfer guidelines for pediatric patients (if inter-facility transfer guidelines for pediatric patients are mandated within the State/ Territory).

3. **Surveys:** Surveys of hospitals (targeted to emergency departments or pediatric critical care centers) in the State/Territory can be conducted on the existence of written inter-facility transfer guidelines for pediatric patients.
- If a survey for hospitals currently exists, consider leveraging this survey by adding a question about the existence of written inter-facility transfer guidelines for pediatric patients.
  - If a survey does *not* currently exist, develop a survey tool that asks about the existence of written inter-facility transfer guidelines for pediatric patients. Contact NEDARC if you require technical assistance.
  - Administer the survey either on-line, electronically, or by mail.
  - Collect the survey results; follow-up may be necessary to remind hospitals to complete the survey or to get clarification on responses.
  - Calculate the percentage of hospitals in the State/ Territory that have written pediatric inter-facility transfer *guidelines* that specify the following:
    - Roles and responsibilities of the referring facility and referral center
    - Process for requesting consultation and patient transfer
    - Specific sections of the patient's medical record to be sent to the referral center
    - Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
    - Process for selecting the most appropriately staffed transport service to match the patient's acuity level
    - Level of care to be provided to the patient during the transfer
  - *Supporting documentation* for the measure must include a list of the hospitals that have written inter-facility transfer guidelines for pediatric patients. Additional *supporting documentation* for the measure may include: 1) copies of the hospitals' inter-facility transfer guidelines, and/or 2) a copy of the State/Territory's Rules and Regulations with requirements for inter-facility transfer guidelines for pediatric patients (if inter-facility transfer guidelines for pediatric patients are mandated within the

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State/Territory).

**IMPLEMENTATION CONSIDERATION**

*Survey Considerations*

- Availability of data for this measure depends upon the return rate of the surveys. To maximize survey response rates in your State/Territory, consider the following strategies: 1) offer electronic, web-based and/or paper versions of the survey so that hospitals can complete the version that is most convenient for them; 2) contact hospitals that have not responded to the survey within a designated period of time by phone or e-mail; and 3) provide respondents with the survey results so they can see how their data were used; this may encourage them to continue to submit data in the future.
- A potential downside associated with conducting a survey is that it captures self-report data. To reduce self-report bias, consider the following strategies: 1) request supporting documentation or evidence that written inter-facility transfer guidelines for pediatric patients exist at hospitals and 2) conduct random, unannounced site visits to a representative sample of hospitals to verify the existence of written inter-facility transfer guidelines for pediatric patients.

**SIGNIFICANCE**

Timely access to pediatric specialty services in the acute stages of illness and/or injury is critical to reducing poor pediatric outcomes (e.g., morbidity and mortality). When a child's needs are beyond those available at a receiving facility, inter-facility transfer guidelines help to ensure that children are transferred to facilities with the appropriate resources and competencies to effectively treat pediatric emergencies and to provide high-level and high-quality pediatric care.

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**Data Collection Form for Performance Measure #66d**  
**(for use beginning Fiscal Year 2007)**

Percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *guidelines* that specify the following:

- Roles and responsibilities of the referring facility and referral center
- Process for requesting consultation and patient transfer
- Specific sections of the patient's medical record to be sent to the referral center
- Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
- Process for selecting the most appropriately staffed transport service to match the patient's acuity level
- Level of care to be provided to the patient during the transfer

Percentage: \_\_\_\_\_%

*Note:* Attach supporting documentation for the measure to your EMSC continuation application.

Comments:

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## Development of Performance Measures for the EMSC Program

### Detail Sheet for Performance Measure #66d&e (in effect beginning Fiscal Year 2007)

#### PERFORMANCE MEASURE #66e (in effect beginning Fiscal Year 2007)

The percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *agreements* that specify the following:

- Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer
- Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate

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#### GOAL

By 2011, 90% of hospitals in the State/Territory will have written pediatric inter-facility transfer *agreements* that specify the following:

- Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer
- Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate

#### MEASURE

The percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *agreements* that specify the following:

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- Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate

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**DEFINITION**

**Numerator:**

The number of hospitals with emergency departments in the State/Territory (excluding the highest-level pediatric facilities in the State/Territory) that have written pediatric inter-facility transfer *agreements* that specify the following:

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**Denominator:**

The total number of hospitals with emergency departments in the State/Territory (excluding the highest-level pediatric facilities in the State/Territory).

**Definition of Terms:**

***Hospitals***

Facilities with emergency departments that provide medical and/or surgical care and treatment for the ill and injured, excluding the highest-level pediatric facilities in the State/Territory.

***Pediatric***

Persons up to 18 years old.

***Inter-facility agreements***

Written contracts between a referring facility (e.g., community hospital) and a specialized pediatric center that formalize arrangements for consultation and transport of a child to the higher-level facility. See model pediatric inter-facility transfer agreement developed by the California EMSC Program at:

<http://www.emsa.ca.gov/aboutemsa/emsa186.pdf>. To view the Emergency Nurses Association's position statement about inter-facility transfer, go to:  
<http://www.ena.org/about/position/PDFs/54FCEA88F1A74523BB356AE42E4A7A0C.pdf>.

***Referring facility***

The hospital or center that refers a pediatric patient to another, more specialized pediatric center better able to handle pediatric patients.

***Referral center***

A center with specialized pediatric critical care or pediatric trauma services to which referring facilities refer patients.

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### Detail Sheet for Performance Measure #66d&e (in effect beginning Fiscal Year 2007)

#### EMSC STRATEGIC OBJECTIVE

**Related to Strategic Objective 1:** Include pediatric issues in all aspects of clinical care.

#### DATA SOURCE(S)

##### **Data Sources:**

- Pediatric medical and/or trauma facility recognition program
- Other accreditation or certification programs
- Surveys

#### IMPLEMENTATION PROCESS

##### **Process to Collect Data For This Measure:**

A process for data collection and analysis, as well as examples of supporting documentation are provided below under each data source.

##### **1. Pediatric Medical and/or Trauma Facility Recognition**

**Program:** Your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program may require hospitals to have written inter-facility transfer agreements for pediatric patients.

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  - Return transfer of the pediatric patient to the

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referring facility as appropriate

- *Supporting documentation* for the measure must include a list of the hospitals that have written inter-facility transfer agreements for pediatric patients. Additional *supporting documentation* for the measure may include: 1) copies of the data queries, and/or 2) a copy of the facility recognition program's requirement related to inter-facility transfer agreements for pediatric patients, and/or 3) a copy of the State/Territory's Rules and Regulations with requirements for inter-facility transfer agreements for pediatric patients (if inter-facility transfer agreements for pediatric patients are mandated within the State/Territory).

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  - Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
  - Return transfer of the pediatric patient to the referring facility as appropriate
- *Supporting documentation* for the measure must include a list of the hospitals that have written inter-facility

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transfer agreements for pediatric patients. Additional *supporting documentation* for the measure may include: 1) copies of the data queries, and/or 2) a copy of the accreditation or certification program's requirement related to inter-facility transfer agreements for pediatric patients, and/or 3) a copy of the State/Territory's Rules and Regulations with requirements for inter-facility transfer agreements for pediatric patients (if inter-facility transfer agreements for pediatric patients are mandated within the State/ Territory).

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    - Return transfer of the pediatric patient to the referring facility as appropriate
  - *Supporting documentation* for the measure must include a list of the hospitals that have written inter-facility transfer agreements for pediatric patients. Additional *supporting documentation* for the measure may include: 1) copies of the hospitals' inter-facility transfer agreements, and/or 2) a copy of the State/Territory's Rules and Regulations with

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requirements for inter-facility transfer agreements for pediatric patients (if inter-facility transfer agreements for pediatric patients are mandated within the State/Territory).

**IMPLEMENTATION CONSIDERATION**

*Survey Considerations*

- Availability of data for this measure depends upon the return rate of the surveys. To maximize survey response rates in your State/Territory, consider the following strategies: 1) offer electronic, web-based and/or paper versions of the survey so that hospitals can complete the version that is most convenient for them; 2) contact hospitals that have not responded to the survey within a designated period of time by phone or e-mail; and 3) provide respondents with the survey results so they can see how their data were used; this may encourage them to continue to submit data in the future.
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**SIGNIFICANCE**

Timely access to pediatric specialty services in the acute stages of illness and/or injury is critical to reducing poor pediatric outcomes (e.g., morbidity and mortality). When a child's needs are beyond those available at a receiving facility, inter-facility transfer agreements help to ensure that children are transferred to facilities with the appropriate resources and competencies to effectively treat pediatric emergencies and to provide high-level and high-quality pediatric care.

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**Data Collection Form for Performance Measure #66e**  
**(for use beginning Fiscal Year 2007)**

Percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *agreements* that specify the following:

- Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer
- Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate

<b>Percentage:</b> _____ %
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*Note:* Attach supporting documentation for the measure to your EMSC continuation application.

Comments:

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